N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 17776

Registered No.

1. PLACE OF DEATH
103 County Stoddard
5 Township Liberty
4 City Dexter Cabinet (No. ..... St. ..... Ward)

Registration District No. 838
Primary Registration District No. 4509

2. FULL NAME Robt Lee Wall

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1936

7. AGE — YEARS: — MONTHS: 2 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Mo

FATHER
13. NAME O. L. Wall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Stoddard Co.

MOTHER
15. MAIDEN NAME Opal Lee Wall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo Dunkler

17. INFORMANT (ADDRESS) O L Wall Dexter Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden Mo DATE 2-25 1937

19. UNDERTAKER (ADDRESS) Watkins-Jameson Funeral Dexter Mo.

20. FILED 5/10 1937 Margaret Boone Keeper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937, to Feb. 25, 1937
I last saw him alive on Feb. 23, 1937. Death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:

Died in bed between 1 am and 4:30 AM. Exact hour uncertain. Broncho pneumonia

Date of onset

Other contributory causes of importance: Inanition from lack of proper food formula

1090

Name of operation X Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank LaRue, M. D.
(Address) Dexter Mo